

## ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 20-JUL-2015		TIME 01:12:00	2. ADDRESS OF OCCURRENCE 3855 S ALBANY AVE CHICAGO, IL 60632			3. LOCATION CODE 092	4. BEAT/OSCUR 0911		
INFORMATION INVOLVED	5. POSITION 9161	6. LAST NAME CORONA	7. FIRST NAME RODRIGO J	8. STAR NO 7852	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 505	12. HT 155	
	14. DATE OF APPT 01-MAY-2006	15. EMPLOYEE NO [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 009 0921R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME GODINEZ	21. FIRST NAME HERIBERTO	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. C.O.B. [REDACTED]	26. H.I. 508	27. W.H. 220	
	28. ADDRESS [REDACTED]	29. TELEPHONE NO [REDACTED]	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34. BY WHOM? CFD AMB 69	35. CONDITION <input type="checkbox"/> 03 Hospitalized	36. ASSAULT/ASSAULT <input checked="" type="checkbox"/> 01 Apparently Normal	37. ASSAULT/BATTERY <input checked="" type="checkbox"/> 04 Not Hospitalized	38. ASSAULT/DEADLY FORCE <input checked="" type="checkbox"/> 02 Under Influence	<input type="checkbox"/> 05 Refused Medical Aid		
	39. CHARGES PLACED	DNA		37. CB NO. 12345678	IR NO	DNA			
	40. SUBJECT'S ACTIONS	PASSIVE RESISTER DO NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	ACTIVE RESISTER PULL AWAY <input checked="" type="checkbox"/>	ASSAULT/ASSAULT IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ASSAULT/BATTERY ATTACK WITH WEAPON <input type="checkbox"/>	ASSAULT/DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
	MEMBERS RESPONSE	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____	PULLED AWAY <input checked="" type="checkbox"/> OTHER KICKED HIS FEET <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	WEAPON <input type="checkbox"/> OTHER _____			
	MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____	OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Spark Displayed) OTHER HELD HEAD AND FEET DOWN <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe In Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe In Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input type="checkbox"/> OTHER _____				
41. WEAPON TYPE	<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input checked="" type="checkbox"/> 05 Poor Artificial	44. WEATHER CONDITIONS CLEAR					
45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE						
49. TASER GARTION NO	50. WEAPON SERIAL NO. (Lockide Letters)	51. CHICAGO GUN REG. NO	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO					
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	58. TOTAL NO. OF SHOTS MEMBER FIRED					
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 R.H. SIDE (WAIST) <input type="checkbox"/> 02 L.T. SIDE (WAIST)	63. OTHER (Specify) <input type="checkbox"/> 03 OTHER (Specify)					
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC	71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC	72. DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC	73. CPIC <input type="checkbox"/> CPIC	74. DET. DIV. <input type="checkbox"/> DET. DIV.					
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
75. REPORTING MEMBER (Print Name) CORONA, RODRIGO J 20-JUL-2015 07:17:43	STAR/EMPLOYEE NO. 7852	SIGNATURE [REDACTED]							
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.									
76. REVIEWING SUPERVISOR (Print Name) CORLETT, MICHAEL T	STAR NO 2312	SIGNATURE [REDACTED]	DATE REVIEWED 20-JUL-2015 07:22:18	TIME 10:16:21	14				

1520100718

HY123456

Attachment 14

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> ONA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason)
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Subject deceased.

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the officer acted properly and within Department Guidelines.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO 1076214 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)  
JEROME, DON J

SIGNATURE  


DATE COMPLETED 20-JUL-2015 TIME 07:35:51

### 79. TOTAL TRR's THIS EVENT No

2